Lockdowns and PCR tests: A cost-benefit analysis of exit strategies

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This a a very preliminary work. My model relies on very uncertain epidemiological parameters.

# A dynamic of susceptible, infected and recovered persons



# A SIR model

- One period = one week.
- {Susceptible,Infectious,Recovered,Dead} = {*S*, *I*, *R*, *D*}.
- Infected people remain infectious for 2 weeks. *I<sub>t</sub>* is the number of people becoming infected at the beginning of week *t*.
- $I_t^{tot} = I_t + I_{t-1}$ .  $I_t$  are asymptomatic in week t, but
  - a fraction  $1 \kappa$  of  $I_{t-1}$  exhibits acute symptoms in week t, a fraction  $\pi_d$  of them will die at the end of that week. The others survive are become immune.
  - a fraction  $\kappa$  of  $I_{t-1}$  remains asymptomatic in week t, and then will become immune at the end of that week.
- In total,

$$\Delta R_{t+1} = ((1 - \kappa)(1 - \pi_d) + \kappa)I_{t-1}$$
$$\Delta D_{t+1} = (1 - \kappa)\pi_d I_{t-1}$$

• I assume that immunity is observable.

# Policy instruments

- Immunized people are sent back to work.
- The government can impose partial quarantine and partial PCR testing.
  - Weekly frequency.
- Group of people perceived as Susceptible at the beginning of week t:  $\hat{S}_t = S_{t-1} + (1 \alpha_{t-1})I_{t-1}$ .
- In this group, there exist old and new infected persons.
  - a fraction  $\alpha_t$  of  $\hat{S}_t$  is tested for the presence of the virus (100% efficient);
    - The positives are quarantined for 2 weeks (with the symptomatic cases);
    - The negatives are sent back to work;
  - a fraction  $\beta_t$  of  $\hat{S}_t$  is confined;
  - a fraction  $(1 \alpha_t \beta_t)$  of  $\hat{S}_t$  is sent to work.

## Transmission process

- Each infected person infects  $\pi$  persons per week, with
  - $\pi = \pi_0$  if the person is quarantined;
  - $\pi = \pi_1 > \pi_0$  if the person is confined;
  - $\pi = \pi_2 > \pi_1$  if the person is sent back to work.
- Mean number of transmission by the newly infected persons in week *t*:

$$\overline{\pi}_t/(1-\xi\beta_t) = \pi_0\alpha_t + \pi_1\xi\beta_t + \pi_2(1-\alpha_t-\xi\beta_t)$$

• Mean number of transmission by the old infected persons in week *t*:

$$\begin{aligned} \tilde{\pi}_t/(1-\xi\beta_t) &= \pi_0(\alpha_{t-1}+(1-\alpha_{t-1})(\kappa\alpha_t+1-\kappa)) \\ &+\pi_1(1-\alpha_{t-1})\kappa\xi\beta_t \\ &+\pi_2(1-\alpha_{t-1})\kappa(1-\alpha_t-\xi\beta_t) \end{aligned}$$

• Efficiency rate of confinement:  $\xi$ . If  $\xi = 1$ , 100% confinement kills the pandemic in 2 weeks (unrealistic).

# Other assumptions

- Total transmission rate per infected person:  $R_t = \overline{\pi}_t + \widetilde{\pi}_t$ .
- Why do we want to "flatten the curve"?
  - Mortality rate among symptomatic cases depends upon the capacity *C* of ICUs:

$$\pi_{dt} = \begin{cases} \pi_{dmin}, & \text{if } (1-\kappa)I_{t-1} < C\\ \pi_{dmax} > \pi_{dmin}, & \text{if } (1-\kappa)I_{t-1} > C \end{cases}$$

- After 52 weeks, a vaccine is found, and the pandemic is stopped.
- The pandemic is also stopped in week t + 1 if  $I_t$  is below  $I_{min}$ , thanks to an intensive search of the remaining clusters. [This is critically important.]

$$S_t + I_{t-1} + I_t + R_t + D_t = 1 \quad \forall t$$
  
 $S_0 = 1 - \epsilon; \quad I_0 = \epsilon; \quad I_{-1} = R_0 = D_0 = 0$ 

$$I_{t+1} = (\overline{\pi}_t I_t + \tilde{\pi}_t I_{t-1}) S_t$$
  

$$S_{t+1} = S_t - I_{t+1}$$
  

$$R_{t+1} = R_t + (\kappa + (1 - \kappa)(1 - \pi_{dt})) I_{t-1}$$
  

$$D_{t+1} = D_t + (1 - \kappa) \pi_{dt} I_{t-1}$$

|                       | Value            | Description   |
|-----------------------|------------------|---|
|                       | 1                | Size of the population                                  |
|                       | 2                | Weeks of infection                                      |
| $\pi_0$               | 0.1              | Weekly reprod. rate of quarantined positives            |
| $\pi_1$               | 0.5              | Weekly reprod. rate of confined positives               |
| $\pi_2$               | 1.2              | Weekly reprod. rate of unconstrained positives          |
| ξ                     | 0.5              | Efficiency rate of the confinement                      |
| $\kappa$              | 0.5              | Prop. of asymptomatic positives in 2d week of infection |
| $\pi_{\mathit{dmin}}$ | 0.02             | Prob. of dying if symptomatic positive (under capacity) |
| $\pi_{dmax}$          | 0.04             | Prob. of dying if symptomatic positive (over capacity)  |
| С                     | 0.002            | Health care capacity for covid                          |
| I <sub>min</sub>      | $10^{-5}$        | Extinction threshold of the pandemic                    |
| $\epsilon$            | $5	imes 10^{-4}$ | Initial fraction of infection                           |

## Reproduction rate in France: $\pi_2 = 1.2$



Nombre de reproduction efficace (données de mortalité en France)

Source: "Limites et délais dans l estimation du nombre de reproduction", Laboratoire MIVEGEC, CNRS, IRD, Université de Montpellier, http://alizon.ouvaton.org/Rapport5\_R.html

## Reproduction rate in France: $\pi_1 = 0.5$



Nombre de reproduction efficace (données d'hospitalisation en France

Source: "Limites et délais dans l estimation du nombre de reproduction", Laboratoire MIVEGEC, CNRS, IRD, Université de Montpellier, http://alizon.ouvaton.org/Rapport5\_R.html

# Efficiency of confinement $\xi = 0.5$



Source: Google mobility index for France : https://www.google.com/covid19/mobility/

| Case                                    | % asymptomatic |
|---|----------------|
| Diamond Princess cruise                 | 18%            |
| Vo'Eugenia (Northern Italy)             | 50-75%         |
| Japanese nationals evacuated from Wuhan | 31%            |
| LTC nursing King county Washington      | 57%            |
| Iceland                                 | 50%            |
| WHO Q&A                                 | 80%            |
| CDC                                     | 25%            |

Source (excluding Chinese data):

https://www.cebm.net/covid-19/covid-19-what-proportion-are-asymptomatic/

# Mortality rate among symptomatic cases: $\pi_{dmin} = 2\%$ and $\pi_{dmax} = 4\%$



Source: European CDC - Situation Update Worldwide - Last updated 9th April, 11:45 (London time) OurWorldInData.org/coronavirus • CC BY

#### Source: https://ourworldindata.org/covid-mortality-risk

# Bed capacity for covid in hospitals: C = 2/1000



Source: https://fr.statista.com/infographie/7564/les-lits-dhopitaux-en-europe/

- Case study: France. Population 67 millions. Bed capacity: 134,000.
- We start in mid-February with a first wave of  $\epsilon = 5 \times 10^{-4}$  infections, i.e., 33,500 persons.
- No specific policy implemented: No confinement, no test.
- The transmission rate is  $R_0 = 1.85$ .
- After 5 weeks (France: confinement on March 17),
  - New infections goes up to 281,348 persons/week (50% need hosp.);
  - Total deceased: 2,534 persons;
  - Proportion susceptible: 98.9%;
  - Proportion immune: 0.4%.

## Five weeks of laisser-faire



$$\beta_t = 0$$

- Simulation of the "herd immunity" strategy.
- No specific policy implemented: No confinement, no test.
- The transmission rate is  $R_0 = 1.85$ .
- Global impacts:
  - Total deceased: 1,053,590 persons;
  - Asymptotic proportion immune: 77.88%;
  - Peak infection wave: 7.4 million persons.

### Permanent Laisser-faire



# Suppression through long confinement

$$\beta_t = 0.8$$

- The pandemic is suppressed through a confinement until  $I_t < I_{min}$ .
- Because of essential services, we assume that  $\beta_t = 0.8$  until suppression.
- The transmission rate is  $R_0 = 0.86$ .
- Global impacts:
  - Full confinement equivalent: 34.07 weeks (exit week 50);
  - Total deceased: 26,654 persons;
  - Proportion immune at exit: 3.67%;
  - Peak infection wave: 281,000 persons.
- Raising  $\beta$  from 0.8 to 1 would reduce confinement to 19.64 full weeks, and the number of deaths to 15,330 persons.

# Suppression through long confinement



# Cost-benefit analysis of the suppression strategy

- Value unit: Billion of euros (BEUR)
- We assume that 50% of confined people can continue to work. Thus, one week of confinement yields of 1/104 of annual GDP. French GDP  $\simeq 2,400$  BEUR.
- We assume a value of one life lost equaling 0.001 BEUR.

|                  | Laisser-faire | Suppression |
|------------------|---------------|-------------|
| Lives lost       | 1,053,590     | 26,654      |
| Value lives lost | 1,054         | 27          |
| Weeks lost       | 0             | 34.07       |
| Value weeks lost | 0             | 786         |
| Net loss (BEUR)  | 1,054         | 813         |

# Stop-and-Go strategy

- The confinement ( $\beta = 0.8$ ) is stopped if  $I_t < I_a = 0.1C/(1-\kappa)$ , and it is restarted if  $I_t > I_b = 0.8C/(1-\kappa)$ .
- Three sequences of confinement/deconfinement.
- Global impacts:
  - Full confinement equivalent: 31.93 weeks;
  - Total deceased: 60,956 persons;
  - Proportion immune at exit: 8.47%;
  - Peak infection wave: 282,000 persons.
- Compared to the suppression strategy: More deaths but smaller GDP losses. Net loss: 798 BEUR. Marginally better.



$$\beta_t = 0.8 \frac{0.5(I_t + I_{t-1}) - I_b}{I_a - I_b}$$

- The confinement rate  $\beta_t$  is linearly increasing with the rate of infection.
- The confinement rate decreases slowly from 60% to 50% during the year.
- Global impacts:
  - Full confinement equivalent: 29.19 weeks;
  - Total deceased: 92,076 persons;
  - Proportion immune at exit: 13.34%;
  - Peak infection wave: 281,000 persons.
- Compared to Stop-and-Go: More deaths and smaller GDP loss. Net loss: 765 BEUR. Marginally better.

